## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000060847

City-St-Zip:

Entity Name: TECHMOSAIC INNOVATIONS INC.

FILED Apr 20, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 14038 MAGNOLIA GLEN CIR ORLANDO, FL 32828 **Current Mailing Address: New Mailing Address:** 14038 MAGNOLIA GLEN CIR ORLANDO, FL 32828 FEI Number: 59-3728740 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHINFATT, MARCUS 14038 MAGNOLIA GLEN CIR ORLANDO, FL 32828 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: ( ) Change (X) Addition BOWMAN, LEWIS SECR. Name: Name: 13529 LAKES WAY Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32828 US Title: () Delete Title: ( ) Change (X) Addition Name: Name: CHINFATT, MARCUS C PRES 14038 MAGNOLIA GLEN CIR Address: Address: ORLANDO, FL 32828 US City-St-Zip: City-St-Zip: Title: ( ) Change (X) Addition Title: () Delete MR ATIKUNE, EDISON VP Name: Name: 6400 LIGHTENER DRIVE Address Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32829 US Title: () Delete Title: ( ) Change (X) Addition ATIKUNE, ARTHUR TREA Name: Name: Address: Address: 10327 WINDING CREEK LN

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

ORLANDO, FL 32824 US

SIGNATURE: MARCUS CHINFATT PRES 04/20/2002